



EPA KEY CONTACTS FORM

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Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix:		First Name:			Middle Na	me:	
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Payee: /	Individual au	uthorized to a	ccept payments.					
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Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).

Name: Pro	efix:		First Name:					Middle	Name:			
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